

CANADIAN CONSUMER/SURVIVORS' LEXICON OF RECOVERY

"Defining a Language of Self-Directed Citizenship"

Policy Issue: What is to become of this word recovery? It is fashionable these days to use it as much as possible. It has given hope to service providers who clearly have had to work in a climate that must feel and have felt like Sisyphus' rock. It is giving hope to many more consumer/survivors who have had to live with the social death sentence of a 'serious mental illness'; with a label that stigmatized us as hopeless and helpless; and that immediately marginalized us. For many, the recovery word is also frightening. It has thrust itself onto the scene in the last several years and tends to raise more questions for consumers than anyone else. It 'feels' like something else we will eventually have to comply with, and not necessarily on our own terms.

Why is This An Issue?: It is an issue because the 'Lexicon of Recovery' is 'un'-familiar to most individuals who have a mental illness. Its legacy is unknown. Yet, its source is from within our own consumer/survivor movement and as a result of that movement. The Lexicon of Recovery is the knowledge and expertise of those individuals in the movement who have and are recovering.

Target Audience of the Policy: Consumer/survivor/truest ally (peer) movement, media, business community, government, education sector, mental health stakeholder community.

Analysis:

Some of the Kirby Senate Committee recommendations are as follows¹:

- ✓ That programs be put in place to develop leadership capacity among persons living with mental illness (from recommendation 46)
- ✓ Increasing the number of paid peer support workers in community-based mental health service organizations (from recommendation 47)
- ✓ That consumer...certification and accreditation processes for self-help and peer support programs be developed and funded (from recommendation 51)

The Psychiatric Patient Advocate Office in Ontario further recommends:

- That the mental health and addiction[s] sector adopt a recovery orientation where the client is viewed as the "expert"
- That peer support workers and peer support specialists be involved at all levels of the service delivery system and that their role be recognized as part of the provision of a full range of mental health and addiction services and supports.
- That consumer/ survivors be involved in the design, delivery and evaluation of a national anti-stigma and discrimination campaign

¹ <http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/rep02may06part3-e.htm>

The recovery knowledge base is sometimes resisted by professional interests and consumer/survivors are discriminated against by health professionals themselves.² Peer support work is often viewed as being only worthy of volunteer, unpaid or low-wage labour. Paid peer workers are scattered within clinical and consumer organizations and not well-linked nor otherwise aware of each other. [This would possibly exclude the ACT Teams Peer Worker] The programs vary as much as the individuals working them.

Despite this, there is a growing number of initiatives in Canada that utilize consumer/survivor expert knowledge. It represents a foundation for improvement in mental health outcomes and movement progress, if it can be brought to the next level. *However, in order to grow, the evidence shows that system wide implementation, infrastructure and support is required for this expert knowledge to take hold and flourish.*

The Kirby Senate Committee final report suggests that a stronger body of research on peer support outcomes exists in the United States, and the committee favourably commented upon emerging American practices such as the Certified Peer Specialist program. "Once self-help and peer support work is recognized as a paid profession, the door opens on all sorts of possibilities that offer the potential for considerable benefit: credentialing of peer support through formal education, emergence of sub-specialties, formation of associations, and regulation through codes of ethics and disciplinary boards," the report says.³

Members of the Canadian Coalition of Alternative Mental Health Resources advocated to the Senate committee in favour of the Georgia Certified Peer Specialist program. On 14 June 2005, a CCAMHR member testified "There is a need for such within the funding to put in place a staff complement of peer support workers that earn equal pay for equal work...Government needs to recognize that they have created a voluntary workforce that now needs to move into a paid workforce."⁴ Medicaid in Georgia now requires hiring of one or more paid CPS' staff on every mental health agency in Georgia as a condition of receiving funding in the Rehab program.

The Ontario Recovers Campaign (ORC) presented a workshop in the Fall of 2005 to the Ontario Peer Development Initiative's CSI annual conference in Toronto. This group gave unanimous endorsement to peers as the agents for recovery and agent for change within mental health systems. With their encouragement, the ORC brought to Toronto on 23 and 24 May 2006, Larry Fricks, one of the founders of the Georgia CPS program, recommended roll-out across the United States. The conference title summed it up: "Recovery at Work: A Peer Support Workforce as Agent for Change".

² <http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/rep02may06part3-e.htm>

Section 10.2.1

³ <http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/rep02may06part3-e.htm>

Section 10.6.1

⁴ http://www.parl.gc.ca/38/1/parlbus/commbus/senate/Com-e/soci-e/22eva-e.htm?Language=E&Parl=38&Ses=1&comm_id=47

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A consensus was evident in the room to explore this idea with a view towards formulation of made-in-Canada solutions. A certified peer specialist workforce linked with the consumer/survivor movement would be expected to be the most positive development for recovery outcomes and continued growth of the consumer/survivor movement. In the Georgia example, \$100,000,000 [\$US] was saved in their mental health system in a 5 year period—with much of the credit going to the CPS program. The National Alliance of Peer Specialists has just been created to support this emerging field in mental health.

Recommendations:

- ✓ The consumer/survivor movement claim the moral right to define recovery in the context of a mental illness
- ✓ The consumer/survivor movement advocate systemically to change outcomes that create recovery through peer involvement as the recovery agent/role models
- ✓ The creation of technical assistance centers for mental health recovery, owned and operated by democratically controlled consumer/survivor/trusted ally organizations throughout Canada
- ✓ The creation of and funding provided for paid Certified Peer Specialist workforces throughout Canada. [Ownership of the knowledge base, training institutions remains within the consumer/survivor community]
- ✓ Those such specialists be an equivalent pay scale position for every funded mental health team/agency in the country.
- ✓ The creation of an appropriately funded support infrastructure within the consumer/survivor movement which can provide overarching assistance and direction to this workforce as well as, liaise with health care systems and the general public.
- ✓ Expand the Canadian Mental Health Consumer/ Survivor Lexicon of Recovery to more effectively document and unite Canada's consumer/survivor movement.

Policy Statement: That the CCAMHR uphold the above recommendations as outlined above as a measure of best and promising practices with in the mental health system in Canada.

*quote is from: Phil Upshall (<http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/report1/repintnov04vol1-e.pdf> , page 81)

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